

## LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

## RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

## MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to a period of morning business until 3:15 p.m., with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees.

The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, would the Chair let me know when 9 minutes has expired?

The PRESIDING OFFICER. The Chair is happy to do that.

## HEALTH CARE

Mr. ALEXANDER. Mr. President, a lot of what we say in Washington, DC, doesn't make its way through to the people out across the country who hire us. It is called, in different words, Washington-speak or gobbledegook by some people. Sometimes we have a hard time understanding ourselves. But one thing has gotten through to the American people: the idea that we should, No. 1, read the bills that come before us and, No. 2, we should know what they cost before we vote on them.

I think the reason for that is because, over the last several months, we have suddenly seen a whole series of Washington takeovers and 1,000-page bills and the people in this country are getting worried about a runaway Federal Government, thinking we may be overreaching here. We had a 1,200-page bill in the House of Representatives on energy and global warming. It was available for 15 hours before the vote. We had a stimulus bill—that was \$800 billion, not counting interest—that was 1,100 pages and was available online for 13 hours. We had a \$700 billion bailout, called the financial sector rescue package, which was available for 29 hours. The other day in the Finance Committee, Republicans said let's put the bill online for 72 hours. That was voted down by the Democratic members of the committee.

What we Republicans would like to say is this: We want health care reform. We have our ideas and suggestions that we have made. We think we should focus on reducing costs, that we should go step by step in that direction, starting, for example, with allowing all small businesses to pool to-

gether so they can offer health insurance to their employees at a reasonable cost. The estimates are that millions more Americans would be able to get health insurance from small businesses.

We have other suggestions for reducing costs. But the first thing we would say is, as this bill comes to the Finance Committee—and I see the Senator from Delaware and the Senator from Texas, who are both members of that Finance Committee—we want to be able to read the bill and know what it costs. Over the next 3 weeks, we hope, on the Republican side, to help the American people understand what this health care bill means for them. You hear lots of competing claims about it—it does this or that, and we are scaring you or they are scaring you. Let's take it one by one.

If we have time to read the bill, and we know what it costs—the President said this bill cannot have a deficit. If we don't know what it costs, how can we do what the President wants us to do? I hope we take a sufficient amount of time. The bill is in concept form now, and then the majority leader will take it into his office and merge the Finance Committee bill with the bill that we on the HELP Committee worked on in July, and out of that will come another bill. We will need the CBO to look that bill over, which I am sure will be well over 1,000 pages. It will take a couple weeks to see what it costs. Then we can work on it.

Why is it so important that we actually have the text of the bill and know what it costs? Because the bill has \$½ trillion in Medicare cuts in it. On the other side, they say: Don't say that; you are scaring people. Well, it either has it or not. We say it has it. The President said there will be Medicare savings. The truth is, it is worse than that. What it appears to be is we are going to cut Grandma's Medicare and spend it on somebody else. There may be savings in Grandma's Medicare, but, if anything, we ought to spend any savings on making Medicare solvent because the trustees of Medicare have told us it will go broke in 2015 to 2017. So the people have a right to know will there be cuts to hospitals, hospices, home health, to Medicare Advantage. One-fourth of seniors on Medicare have Medicare Advantage, and it is going to be cut.

We need ample time to say: What do those cuts in Medicare mean to you? Will the bill raise your taxes? We say it will; some say it will not. But from our reading of the bill, it looks like there will be at least a \$1,500 tax per family, if you don't buy certain government-approved insurance. There is the employer mandate requiring you to provide insurance. That is a tax. There are \$838 billion of new taxes on insurance companies, medical device companies, which will be passed on to consumers. That is a tax.

The Presiding Officer was a Governor, as I was. He was chairman of the

National Governors, and many Governors are very upset because we are expanding Medicaid in their States and sending a large part of the bill to them. So that could be more State taxes.

Now we hear from the Governors. There was an article in the Washington Post yesterday, and I ask unanimous consent that it be printed in the RECORD following my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. ALEXANDER. The article says: "States Resist Medicaid Growth. Governors Fear For Their Budgets."

The Tennessee Governor—a Democrat—said:

I can't think of a worse time for this bill to be coming. I'd love to see it happen. But nobody's going to put their state into bankruptcy or their education system in the tank for it.

The Governor of South Dakota said:

That's a heck of an increase, and I don't know how I'm going to pay for it.

The Governor from Ohio said:

I have indicated that I think the States, with our financial challenges right now, are not in a position to accept additional Medicaid responsibilities. Governor Schwarzenegger of California said it will add up to \$8 billion to California, and California is nearly going broke anyway. Senator FEINSTEIN said she cannot support a bill that puts that kind of additional tax on States.

Basically, it is the old trick of we in Washington saying here is a great idea, we will pass it, and send part of the bill to the States. What will the States have to do? They will have to cut the money that goes to the University of Texas or Delaware or Tennessee. They have to raise taxes, or they cannot cut benefits because cutting benefits is against the law.

So how much will these Medicaid mandates cause taxes to be raised in your State?

There are other questions we would like to ask. Will this bill raise your insurance premiums? The whole point of this exercise, we think—and a lot of the American people think—is we want to reduce costs—costs to you when you buy your health insurance and costs to your government. Your Federal Government is going broke if we don't do something about rising health care costs, just as you might.

You would think this bill would reduce your costs—to you for premiums and to you for your government. But that is not what the CBO says. It says that, in some cases, premiums for exchanged plans would include the effect of these new taxes and the premiums would increase. Then there will be more government-approved insurance plans, which may turn out to be more expensive for you to buy. In other words, you would not be able to buy the plan you now have. You will have to buy a new government-approved plan that will cost more.

There will be higher premiums for young Americans under this bill. Almost everybody thinks that. So we